

10/521604

DT09 Rec'd PCT/PTO 1.8 JAN 2005

Application Data Sheet

Application Information

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of Copies of CDs::	
Sequence Submission?::	None
Computer Readable Form (CRF)::	No
Number of copies of CRF::	0
Title::	LEVAMISOLE, AVERMECTINS OR SIMILAR IN PYRROLIDONE SOLVENT
Attorney Docket Number::	4516-1004
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	0
Small Entity?::	Yes
Latin Name::	
Variety Denomination Name::	
Petition Included?::	No
Petition Type::	
Licensed US Gov't Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: NEW ZEALAND
Status:: Full Capacity
Given Name:: ROBERT
Middle Name:: WILLIAM LACHLAN
Family Name:: HOLMES
Name Suffix::
City of Residence:: AUCKLAND
State or Province of
Residence::
Country of Residence:: NEW ZEALAND
Street of Mailing 15 CALMAN PLACE, BIRKENHEAD
Address::
City of Mailing Address:: AUCKLAND
State or Province of Mailing Address::
Country of Mailing Address:: NEW ZEALAND
Postal or Zip Code of Mailing Address::

Applicant Authority Type:: Inventor
Primary Citizenship Country:: NEW ZEALAND
Status:: Full Capacity
Given Name:: MIJID
Middle Name:: HAMEED ABDUL
Family Name:: RAZZAK
Name Suffix::
City of Residence:: AUCKLAND
State or Province of
Residence::
Country of Residence:: NEW ZEALAND
Street of Mailing 59 BLUE BIRD CRESCENT, ALBANY
Address::
City of Mailing Address:: AUCKLAND

State or Province of Mailing Address::
Country of Mailing Address:: NEW ZEALAND
Postal or Zip Code of Mailing Address::

Applicant Authority Type:: Inventor
Primary Citizenship Country:: INDIA
Status:: Full Capacity
Given Name:: SEN
Middle Name::
Family Name:: NILENDU
Name Suffix::
City of Residence:: TAMILNADU
State or Province of
Residence::
Country of Residence:: INDIA
Street of Mailing C-18, NATHANS COMPLEX, EAST COAST ROAD
Address:: THIRUVANMIYUR, CHENNAI
City of Mailing Address:: TAMILNADU
State or Province of Mailing Address::
Country of Mailing Address:: INDIA
Postal or Zip Code of Mailing Address:: 600 041

Applicant Authority Type:: Inventor
Primary Citizenship Country:: INDIA
Status:: Full Capacity
Given Name:: KOUR
Middle Name:: CHAND
Family Name:: JINDAL
Name Suffix::
City of Residence:: TAMILNADU
State or Province of
Residence::
Country of Residence:: INDIA
Street of Mailing FLAT NO. 7, 4TH FLOOR, NO. 8

Address:: 4TH AVENUE, INDIRA NAGAR, ADYAR,
CHENNAI

City of Mailing Address:: TAMILNADU

State or Province of Mailing Address::

Country of Mailing Address:: INDIA

Postal or Zip Code of Mailing Address:: 600 020

Correspondence Information

Correspondence Customer 00466

Number::

Representative Information

Representative Customer	00466
Number::	

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/NZ2003/000157	7/21/03

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
NEW ZEALAND	520295	7/19/02	Yes

Assignment Information

Assignee Name::

Street of Mailing

Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::